

Department of Health  
Neurotrauma Special Fund  
Application for Conference Funding

Aloha. Thank you for your interest in submitting an application to request conference funding from the Neurotrauma Special Fund.

Organization	
Name:	
Address:	Tel:
City, State:	Fax:
Zip:	Website:
Contact Person	
Name:	E-mail:
Title:	Tel:
Conference Information	
Title:	
Date(s) and Time(s):	
Location:	
Audience:	
Content Information	
Please attach a conference agenda and learning objectives for each session.	
Provide background information (e.g., relevant literature and data) describing the importance of providing education on the topics to be addressed at the conference:	
Please describe how the success of the conference will be measured (e.g., pre/post-tests for audience comprehension of material, etc.):	

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Describe the organization and how it will successfully develop, organize, market, and implement the conference. Provide a work plan and/or timeline.
<b>Budget</b>
Total amount of funding requested:
Provide line item breakdown for how funds will be used:
Anticipated total conference cost:
Registration fee per person, if applicable:  Anticipated number of participants:
Other sources of conference funding and amount per source:

Please send the completed Department of Health Neurotrauma Special Fund Application for Conference Funding and all applicable attachments to:

Community Resources Branch  
Neurotrauma Supports  
3627 Kilauea Avenue, Room 411  
Honolulu, HI 96816

Should you have any questions, please feel free to contact Wendie Lino, Supervisor, Community Alternatives Section, at (808) 733-2142 or via email at [wendie.lino@doh.hawaii.gov](mailto:wendie.lino@doh.hawaii.gov). Mahalo